



Enhancing Sexual
Wellbeing in Scotland

A Sexual Health and
Relationships Strategy

PROPOSAL TO THE SCOTTISH EXECUTIVE

SUMMARY



SCOTTISH EXECUTIVE



SUMMARY

This document is a shortened version of the full draft strategy, prepared under the guidance of an expert Reference Group.

Whilst this summary document gives key points and recommendations, it does not include some important details. Those seeking to make a full and detailed submission to the consultation are advised to read the complete document which is available from The Stationery Office Bookshop, 71 Lothian Road, Edinburgh EH3 9AZ and the Scottish Executive Health Department, Public Health Division, Branch 2, Sexual Health and Relationships draft Strategy, Mailpoint 3E (South), St Andrew's House, Regent Road, Edinburgh EH1 3DG and at www.scotland.gov.uk/sexualhealthstrategy/

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INTRODUCTION

Why do we need a sexual health and relationships strategy in Scotland?

Sex is a dimension of life that should be both celebrated and enjoyed. It is a positive and important part of the most intimate relationships. However, it can also lead to ill health, violence and exploitation.

Sexual ill-health in Scotland is common and increasing.

- Rising numbers of people have Sexually Transmitted Infections (STIs), including HIV. These can severely affect people diagnosed and their sexual partners who may have the STI passed on to them.
- Teenage conceptions are amongst the highest in Western Europe and are both a symptom and a cause of social inequalities.
- Considerable numbers of people in Scotland report discrimination, abuse and sexual violence related to gender, sexual orientation or HIV status.

Thus, in 2002, in response to growing concerns about Scotland's sexual ill health, the Minister for Health and Community Care commissioned a National Sexual Health Strategy, with particular reference to measures:

- **to reduce unintended pregnancies and sexually transmitted infections;**
- **to enhance the provision of sexual health services; and**
- **to promote a broad understanding of sexual health and sexual relationships that encompasses emotions, attitudes and social context.**

An expert Reference Group guided a Project Team in the development of this strategy. An engagement exercise was used to identify and reflect opinions of those currently working to improve sexual health across Scotland. This involved

engaging with a range of sexual health strategy groups and experts to learn more about local issues, opportunities and challenges, and their vision for a national strategy.

In September 2003, NHS Health Scotland, on behalf of the Reference Group, submitted their proposed strategy to the Minister.

There are strongly held values and beliefs on sex and sexual health. How were these dealt with?

All those involved in the development of the draft strategy stressed the importance of recognising that sexual wellbeing is more than just the absence of disease or unintended pregnancy, but that it also encompasses the positive aspects of relationships and sexuality. Improving sexual wellbeing therefore requires a holistic approach that incorporates personal, social, emotional and spiritual, as well as physical, aspects of sexuality. It is important that people have the life skills and values to make choices for themselves, as well as access to services that deal with sexual disease.

For many people, issues around sex and relationships are founded in, and inextricably linked to, personal, societal, and faith-based morality. Interpretations of morality, however, vary from individual to individual, society to society and faith to faith. It is therefore not appropriate for the draft sexual health strategy to arbitrate on such matters. What it can and must do is:

- recognise and embrace the cultural, ethical and spiritual components which impact on an individual's sexual health;
- encourage and support individuals in developing and maintaining their own sets of moral values; and
- develop and promote services which are sensitive to, and respectful of, the diversity of beliefs, values and

moralties which people bring with them.

The **values** underpinning this strategy are:

- self-respect and respect for others;
- equality of opportunity and access to lifelong learning (including, but not limited to, schools-based education) and services which fully recognise and address the factors which can undermine such opportunity and access; and
- a real and meaningful commitment to promote and reinforce the rights of people to have mutually respectful, happy, healthy and fulfilled sexual relationships free from abuse, violence or coercion.

What is the strategy seeking to achieve?

The Reference Group's vision for Scotland is a society that accepts sex as a normal and healthy aspect of life, in which people understand the value of their own sexual health, the importance of responsibility and respect for others and have the capacity and means to protect themselves from unwanted outcomes of sexual activity.

Three **broad aims** follow from this vision:

- **to influence the cultural and social factors that impact on sexual health;**
- **to support everyone in Scotland to acquire and maintain the knowledge, skills and values necessary for sexual wellbeing; and**
- **to improve the quality, range, consistency, accessibility and integration of sexual health services.**

How can these aims be met?

Despite the range of sexual health problems that Scotland is experiencing, evidence shows that interventions which address the many influences on sexual health (such as poverty, educational achievements and ambitions, and social and cultural influences) can lead to significant improvements in sexual

wellbeing. Unfortunately, there are no simple solutions or quick fixes. Specifically, the Reference Group believe that to achieve improvements in sexual health and wellbeing, the following are required:

- a society which views sexuality in an open and positive way and which values and respects diversity;
- acknowledgement of the importance of economic, social and cultural influences on sexual wellbeing, and the inequalities these cause, and appropriate action to address these;
- lifelong learning and employment opportunities that encourage future aspirations and build self esteem;
- lifelong formal and informal opportunities to learn about relationships and the moral issues therein, sex, sexual health, and where and how to access appropriate services; and
- support from easily accessible, confidential and appropriate clinical services.

The programme should be long term, social oriented and integrated. This should ensure sexual health policy is linked to other related policy areas at both national and local level.

The draft strategy lays out specific recommendations on how best to achieve these in Scotland. It also proposes ways to support the implementation of these recommendations.

Five broad actions are considered key to the effective implementation of this strategy. These are:

- **Providing national leadership**

The Scottish Executive should appoint a National Sexual Health Programme Co-ordinator and create a new Ministerially-led National Sexual Health Advisory Committee which will oversee the implementation of this strategy

- **Providing local leadership**

To help drive local implementation, all NHS Boards should have a sexual health strategy which reflects local need and is informed by a multi-agency strategy group. NHS Boards should identify a Sexual Health Co-ordinator and a Lead Clinician to support local implementation of its strategy. Each NHS Board should also establish a managed sexual health network that involves all relevant sexual health providers and activities. At Community Health Partnership or locality level a sexual health lead should be identified and each Local Authority should identify a Lead Director.

- **Setting clear national and local targets and goals**

Shared standards of care between service providers at all service levels should be developed. The public consultation should explore the value of developing national standards. Local managed sexual health networks should support the adoption of clinical service targets for STIs.

- **Using existing mechanisms**

A number of these can effectively be used to ensure the consistent, ongoing and integrated delivery of the strategy's goals and vision, for example, Local Health Plans, Community Plans and the Performance Assessment Framework.

- **Monitoring progress to ensure delivery**

The new National Sexual Health Advisory Committee should monitor national progress towards targets. The Director of Public Health in each NHS Board should be responsible for monitoring progress at local level.

THE IMPORTANCE OF A BROAD AND HOLISTIC APPROACH TO SEXUAL HEALTH

The key to improving sexual health outcomes is to understand the breadth and complexity of the challenge. For example, teenage pregnancy is associated with low aspirations, few perceived opportunities, lack of knowledge and skills, and mixed messages that suggest sex is the norm but that it shouldn't be discussed. If Scotland focuses solely on narrow targets (for example, to reduce negative outcomes such as teenage pregnancy or incidence of

STIs) and on action by health care services alone, it will not address the range of influences that determine sexual health. There should be greater recognition of the importance of other policies, such as those aimed at raising educational aspirations and self esteem, mainstreaming equality, enhancing social inclusion and addressing alcohol and drug misuse, domestic abuse and homelessness, in influencing sexual wellbeing.

The draft strategy recommends that (paras 3.1 to 3.11 ^a):

- **The Scottish Executive should retain their target for reducing teenage pregnancies but should ensure that other targets or indicators complement this in order to give a more comprehensive picture of sexual wellbeing for both sexes and all age groups**
- **Local Authorities and NHS Boards should ensure that their Community Plans, Local Health Plans and Children's Services Plans should complement their local inter-agency sexual health strategies and address the issues that impact on sexual health, especially in relation to inequalities**
- **The proposed National Advisory Committee on Sexual Health should have cross-departmental representation**
- **The National Sexual Health Programme Co-ordinator should work with the Social Inclusion Division to ensure that opportunities to improve sexual health through national policy are taken**

The values, attitudes and expectations that people have are influenced by the culture and social environment in which they live. Cultural influences include families and the home, gender and sexual stereotypes (including discrimination against those who are lesbian, gay or bisexual (homophobia) and the assumption of heterosexuality (heterosexism), ethnicity, faith perspective, social attitudes to disabled people, the media, and peer and social pressures. Together these shape

each individual's sexuality and sexual behaviour. Many of these influences will cause or reinforce social inequalities which will also affect sexual health. An additional challenge is therefore to ensure that everyone is able to benefit from opportunities to improve sexual wellbeing. This means that national and local efforts to confront issues such as domestic abuse, parenting skills, drug and alcohol use, equality and diversity should continue.

^a The paragraphs mentioned after the recommendations refer to the relevant sections within the full draft strategy document.

The draft strategy recommends that (paras 3.12 to 3.14):

- **Scottish Executive policies that cover the determinants of sexual health, including those addressing gender inequalities, should include actions to address sexual health**
- **Policies which impact most on people who are socially excluded should include actions to address sexual health**
- **The Scottish Executive should develop an action plan to tackle stigma and discrimination around HIV and sexuality and to encourage a more positive view of sex and sexual health.**

THE MEDIA AND MASS COMMUNICATIONS

Sexual imagery pervades many aspects of modern society and is often used to sell products. The portrayal of sex and relationships in the media sometimes reinforces stereotypes and ignores risks associated with sexual behaviour.

It is important to provide some balance to these messages, including provision of accurate positive information about sex and sexual health. One way of doing this is through the media itself.

Work with the media should have three broad components; media campaigns to convey key messages and challenge gender and sexual stereotypes; media advocacy to work proactively with the media; and media literacy to develop people's ability to interpret and analyse media messages. National and local activities should be linked so that local services are prepared and able to respond to any increased demand that may arise because of media coverage.

The draft strategy recommends that (paras 3.15 to 3.19):

- **The National Sexual Health Advisory Committee should develop a mass communications strategy for sexual health which includes the three components (campaigns, advocacy and literacy) and which links work at national and local levels. The National Sexual Health Programme Co-ordinator should oversee the development and implementation of this strategy**
- **Campaigns (national and local) commissioned by the Scottish Executive should not use imagery or language that undermines the key sexual health messages that promote relationships based on equity, respect and acknowledgement of diversity**
- **National and local media work by NHS Health Scotland and NHS Boards should emphasise the importance of using barrier contraception, in conjunction with other forms of contraception, to protect against STIs and unintended pregnancy**

PROMOTING POSITIVE SEXUAL HEALTH

How should we address the barriers to achieving sexual health?

There are many barriers to achieving sexual wellbeing. These may include:

- individual barriers to empowerment and choice
- physical barriers to using services
- social barriers to services and knowledge; and
- cultural barriers at a societal and service level.

Many of these will be addressed by improving the consistency, accessibility, quality, cultural competence and ethos of lifelong learning and appropriate and responsive sexual health services. However, specific targeted work will be required for some groups, including young people under 25, men who have sex with men, male and female prostitutes, and those travelling from areas of high HIV prevalence (para 4.2).

The draft strategy recommends that (paras 4.1 to 4.3):

- **The National Sexual Health Advisory Committee should prioritise, conduct and disseminate evidence which addresses the needs of those groups facing the greatest barriers to sexual wellbeing**

A broad approach to sexual health promotion

There is a lack of clear, accurate information and open, non-judgemental environments in which individuals of all ages can form their views and develop knowledge about sex, sexuality and sexual health and make their own appropriate choices. Most people, therefore, feel uncomfortable about discussing issues relating to sexual health and relationships. This can lead to misunderstanding, a lack of knowledge and skills to achieve sexual wellbeing.

Everyone involved in sexual health activities has a vital part to play in enhancing knowledge, promoting key messages, and in reaching some of those who are most vulnerable to sexual ill health. This should be assisted through good quality and well resourced specialist health promotion services which have a key role in providing training, support and advice. Sexual health promotion specialists are also key in supporting community-based initiatives for targeted populations.

The draft strategy recommends that (paras 4.5 to 4.7):

- **Local Sexual Health Co-ordinators should ensure sexual health promotion appropriate to the local community is a key strand in sexual health strategies**
- **Sexual health promotion should be a key activity for all those involved in sexual health learning and service activities and should be supported by sexual health promotion specialists**
- **Local Sexual Health Co-ordinators should ensure that resources for sexual health promotion are identified in local sexual health strategies so that good quality and well resourced specialist services are able to support local initiatives**

How can people improve their knowledge and skills about sexual health and wellbeing?

Learning about sex occurs throughout life and has many influences. What is (and is not) learnt in early life can affect later experiences. However, lifelong learning about sexual health is not just about providing information. It helps people develop values, attitudes and skills so that they can make appropriate choices about their sexual behaviour. Thus, having respect for oneself and others, making considered choices about sexual activity, and acquiring emotional intelligence are key learning outcomes. They should be achieved through a multi-faceted lifelong approach to learning and support, developed and delivered in an open and non-judgemental way. This means involving users, families, peers, schools, tertiary education, health services, voluntary sector, faith organisations, the media, the workplace and the wider community.

Sex and relationships education (SRE) is not just about school based programmes. It should be grounded in broad-based learning that builds on a wide range of life skills. It begins informally at an early stage with parents and carers and should continue into adulthood both within the home and at all stages of life.

How parents and carers can help

Parents influence their child's sexual values and skills from an early age. Family and home experiences affect young

people's development of gender identity and sexuality. Good parent-child communication about sexuality can help delay young people's first sexual experience and limit poor sexual health outcomes. Talking about healthy relationships, including respect, also helps children become more self-confident and make appropriate decisions and choices about their personal life.

Young people say parents are one of their main informants about sex even though most do not openly talk to their parents about these issues. Parents also find it difficult to discuss such matters with their children. Partnership between parents, schools and health services will promote and support a more consistent approach to sex and relationships education and reinforce the key messages.

The active involvement of parents in SRE programmes is important because:

- Their values influence a young person's attitudes and beliefs
- They are the principal source of continuing support to a young person
- Their relationships can be closely observed by a young person
- Schools are accountable to individual parents and the wider community.

The draft strategy recommends that (paras 4.23 to 4.27):

- **Building on the work by Healthy Respect partnerships, NHS Health Scotland and other agencies, the National Sexual Health Programme Co-ordinator and Local Sexual Health Co-ordinators should develop information in a variety of formats targeted at parents and carers for use from pre-school onwards**
- **Local Authorities should ensure schools demonstrate mechanisms to involve parents and carers in SRE programmes in line with the McCabe Report recommendations**
- **NHS Boards, in conjunction with other statutory and voluntary sector interests, should develop programmes for parents and carers to enhance communication skills around relationships and sexual health**

How schools can help

Schools are just one of many influences on young people's development. Though important, they do not have sole responsibility for education about sex and relationships; it is also a community and a family responsibility. School based SRE should be delivered in a consistent way by professionals who are specifically trained for this role and who support and complement parents and carers in educating their children and young people. SRE should link to other relevant areas of the curriculum and be co-ordinated through local school co-ordinators and designated local authority officers to ensure consistency and quality.

Successful sex education programmes:

- Are multi-disciplinary and take advantage of the skills that can be provided by the range of providers;
- Are flexible in terms of timing and content using formats appropriate to the age and sex of young people;
- ensure teachers are supported through adequate training and links to other sexual health professionals; and

- are linked to relevant health care services.

Parents, teachers and professionals agree that sexual relationships are best delayed until a young person is sufficiently mature to participate in a mutually respectful relationship. SRE programmes described as 'abstinence plus' or 'comprehensive' programmes aim to delay sexual activity and combine this with skills development such as communication and negotiation skills, as well as information on sexual health services and contraception. When delivered effectively, these can contribute to a reduction in unwanted pregnancies especially when closely linked to services for young people.

A more robust national and local framework is required to support the development of a consistent approach to SRE across Scotland and to equip parents, carers and professionals to help make this happen.

The draft strategy recommends that (paras 4.11 to 4.19):

- **There should be a consistent approach to sex and relationships education across Scotland. The Scottish Executive should fund this**
- **SRE training should be delivered on a multi-agency basis**
- **The curriculum framework developed by Healthy Respect should be piloted in Lothian in all schools**
- **Local Authorities should fully implement the McCabe Report**
- **Local Authorities and NHS Boards should develop an agreed sexual health protocol highlighting areas of responsibility and referral procedures**
- **The Local Authority Director responsible for education services should ensure consistent, appropriate SRE in all school settings and for those excluded from school**
- **A member of each secondary school's management team should ensure that school based SRE subscribes to current guidance and delivers key learning objectives**
- **The Local Authority Director responsible for social work services should ensure that children and young people who are looked after have access to SRE and sexual health services and that social work staff are adequately trained and supported to respond to the needs of their clients**
- **Local Authorities, in conjunction with other Community Planning partners, should develop targeted educational interventions aimed at harder to reach groups in a range of settings outwith mainstream services/locations.**

Developing closer links between education and clinical services

School based SRE is most effective when linked to health services offering information, counselling and health services, including sexual health services, appropriate to young people. There is no single model to achieve this: it will depend on many factors and should be developed in consultation with young people and their families.

There is an ongoing need for learning on, and support for, sexual health issues beyond secondary school education, especially as diagnoses of STIs and other poor sexual health outcomes for 16-24 year olds are increasing. Sexual health promotion staff and staff in student welfare offices are key to supporting innovative approaches with students. However commitment from higher and further education management is essential for the success of this work.

The draft strategy recommends that (paras 4.20 to 4.22):

- **Local Sexual Health Co-ordinators should ensure that proposals to develop sexual health promotion and outreach services to the tertiary education sector are included in each NHS Board inter-agency sexual health strategy**
- **Each NHS Board, in partnership with Community Health Partnerships, Local Authority education departments and other stakeholders, should detail plans to improve links between schools and sexual health services in their Community Plans and Local Health Plans**
- **Employers should support public health nurses working in schools, and other nurses who wish to develop their role in providing sexual health advice and services, by providing opportunities for them to update their skills and knowledge and access to resources**

Helping learning to be lifelong

How to change sexual behaviour or illness patterns among the general adult population is not well researched. A sexual health research programme for Scotland which would explore these issues is proposed (para 5.27).

Physical changes due to illness, physical or sensory impairment or ageing can have sexual implications for all ages. Opportunities to encourage openness and

improve knowledge about sexual health and service options should be incorporated into staff training programmes and health promotion initiatives for all ages, particularly for disabled people and older people, including those in residential care. Lifelong learning programmes should also be responsive to the specific needs of people with learning disabilities and lesbian, gay or bisexual people.

The draft strategy recommends that (paras 4.28 to 4.34):

- **NHS Boards, in conjunction with Community Health Partnerships, should work with further and higher education, community education and youth work services and the wider voluntary sector to develop effective sexual health promotion activities for adults**
- **Workplace health promotion (including SHAW) should include actions to support positive sexual health and affirmative action to address issues in relation to sexual orientation and HIV status**
- **The National Sexual Health Advisory Committee should commission further research on targeted learning interventions aimed at behaviour change in adults**
- **Work to define and address the needs of older people should be undertaken by NHS Health Scotland in conjunction with other stakeholders and link with older people's strategies developed by NHS Boards**
- **The Sexual Health and Wellbeing Learning Network, in conjunction with relevant stakeholders, should facilitate awareness of the sexual health needs of people with learning disabilities**

Enhancing Sexual and Reproductive Health Services

Lifelong learning about relationships and sexual health must be complemented by accessible, confidential and appropriate clinical services if sexual health is to improve. Many different providers offer a range of sexual and reproductive health services in Scotland, some specific to sexual and reproductive health and others as part of broader health care provision.

There are wide variations in terms of availability, quality and choice and a number of recognised challenges that limit these services. These include:

- no clear strategic leadership or integrated clinical framework at national, regional and local levels
- confusion or lack of knowledge about sexual health or available services may discourage or delay attendance and result in poor treatment of, or ineffective protection from, preventable sexual ill health problems.
- a service ethos that does not often acknowledge the broader social and cultural determinants of sexual health
- inadequate data collection and information dissemination
- lack of professional development structures
- different approaches to anonymity and actual or perceived lack of confidentiality.

The draft strategy recommends that (para 4.52):

- **Lead Clinicians should ensure that all clinical services have assessed their current services against the service values and principles laid out in the strategy**
- **Local Sexual Health Co-ordinators should ensure that proposals to address identified deficits are included in each NHS Board's inter-agency sexual health strategy**

How should this be addressed?

Each NHS Board area will have an **integrated tiered service approach** across a range of disciplines and clinical specialties which will promote a more cohesive, seamless approach to clinical services. This aims to have a seamless approach to sexual and reproductive health services that are responsive to the needs of both users and practitioners (paras 4.38 – 4.41).

This approach should:

- facilitate a more flexible and developmental approach to improve consistent and co-ordinated clinical services, from the baseline tier through to specialisation;
- allow individuals to move through the tiers or stay at the same tier for all of their treatment and care;
- allow individuals to have a choice of at least two sexual health providers for all tiers; and
- enable practitioners in any setting to include services from different tiers.

A **Lead Clinician** should support and oversee locality-wide adoption of protocols, data collection, training and the general integration of clinical services.

Supporting Clinical Staff

All services (whether generalist or specialist) should be provided by skilled, confident and suitably equipped staff who are able to respond to the needs of their user population, either directly or by referral to other service providers in accordance with clear protocols and guidelines. Capacity and flexibility will need to expand to cope with the increasing

demands on services resulting from rising STIs and other sexual health issues. This includes the development of more flexible staffing responses within clinical services based on evidence-based practice. Local managed sexual health networks, protocol/guidelines and support for ongoing professional development will help make the best use of the appropriate sexual health staff.

The draft strategy recommends that (paras 4.53 to 4.59):

- **Lead Clinicians should ensure that GPs and other primary care staff are supported in their initial and ongoing training needs to contribute to the tiered service approach and linked to the ongoing training needs analysis included as part of the development of local sexual health strategies**
- **The Primary Care Division of the Scottish Executive Health Department should consider means of enabling GPs to play a key role in the delivery of this strategy. This should include exploring the potential of extending the General Medical Services contract**
- **Postgraduate Medical Deans, professional bodies and NES Scotland should address the issues affecting the career progression of those doctors specialising in family planning and reproductive health**
- **NHS Education Scotland (NES), in conjunction with professional organisations and NHS Boards, should develop training and resources to enable the further extension of nurse led sexual health services in primary and secondary care**

What actions can be taken to help reduce STIs and unintended pregnancy?

STIs, including HIV, affect people of all ages in Scotland. Incidence is greatest among those under 25 but older men and women are also at risk, particularly those entering new relationships following the break-up of long term partnerships. These infections are an important source of reproductive ill health and place increasing demands on clinical services but can be

prevented through the encouragement of safer sex practices. Many of the interventions aimed at reducing STIs also contribute to reducing unintended pregnancy.

Actions recommended to respond to the increasing levels of sexually transmitted infections and unintended pregnancy include:

- **Improving monitoring and dissemination of information on new diagnoses and trends across all settings (paras 4.42, 5.18, 5.19)**
- **Providing better service information, improved access to services and referral to alternative readily accessible services (paras 4.51, 4.52, 4.61)**
- **Improving perceptions of confidentiality (para 4.62)**
- **Promoting uniformity of recording across all settings and providers (para 4.63)**
- **Enhancing the availability of contraception and termination services (paras 4.64, 4.65, 4.66, 4.67, 4.68)**
- **Widening availability of free condoms, particularly targeted at high risk groups and skills development in the use of condoms as part of sexual health promotion (paras 4.43, 4.44)**
- **Developing national and local targets for increased detection and treatment of chlamydia and other STIs supported by clinical standards (paras 5.12, 5.13, 5.14, 5.15, 5.16, 5.17)**
- **Partner notification in line with practice guidelines and professional standards (para 4.71)**
- **Increasing availability of the chlamydia postal testing kits developed by Healthy Respect and piloting a STI diagnostic kit covering chlamydia, gonorrhoea and trichomonas in 2 NHS Board areas (one rural, one urban)(paras 4.45, 4.46)**
- **Implementing the HIV Health Promotion Review Group Report and the continuing ring-fenced HIV allocation (paras 4.47, 4.48)**
- **Offering HIV testing to everyone attending genito-urinary clinics (para 4.49)**
- **Improving access for sexual dysfunction and sexual assault (paras 4.69, 4.70, 4.72)**
- **Developing national and local media work to highlight the importance of using barrier contraception, in conjunction with other forms of contraception, to protect against STIs and unintended pregnancy (paras 3.15-3.19).**

SUPPORTING CHANGE

The Reference Group feel that, as well as the issues raised earlier, there has been neither leadership on sexual health issues nor recognition of sexual health as a priority. What is needed is a framework which **champions** sexual wellbeing at all

levels, ensures its high profile among the other competing resource demands and enables all sexual health partners to develop multi-layered responses that will make a difference.

The draft strategy recommends that (paras 5.2 – 5.11):

At national level:

- **The Scottish Executive should appoint:**
 - **a National Sexual Health Programme Co-ordinator who should be based within the Scottish Executive**
 - **a National Sexual Health Advisory Committee, chaired by a Scottish Executive Minister, to guide the implementation and ongoing development of the strategy**
- **The National Sexual Health Advisory Committee should publish an annual report on national progress of the strategy together with a quinquennial review**

At Regional level:

- **Each Director of Public Health should:**
 - **ensure the inter-agency local sexual health strategy reflects the key components of the national strategy and that ongoing development and implementation is led by a multi-agency, multi-disciplinary strategy group which reflects their local population**
 - **appoint a Local Sexual Health Co-ordinator to facilitate the implementation of their inter-agency sexual health strategy on a NHS Board-wide basis**
- **Each Sexual Health Co-ordinator should facilitate the development of a NHS Board-wide managed sexual health network which includes all relevant local organisations and service providers**
- **Local Sexual Health Strategy Groups should produce annual progress reports on local implementation and these should be made available to the National Sexual Health Advisory Committee**
- **Each Local Authority should:**
 - **designate a strategic lead for sexual health**
 - **ensure that Joint Health Improvement Plans detail partnership working to address specific sexual health issues and the wider determinants identified by this strategy**

Equipping staff to support improved sexual health outcomes

Education and continuing professional development covering generic and specialist sexual health skills will be key to implementing this strategy.

Undergraduate and pre-registration training programmes for health, education and social care staff enable them to support sexual wellbeing.

The draft strategy recommends that (paras 5.24 - 5.26):

- **The Scottish Executive, in conjunction with the National Sexual Health Advisory Committee, should work with professional bodies, regulatory institutions and statutory and voluntary training providers to ensure that undergraduate, postgraduate and ongoing professional development programmes provide staff with the range of skills and knowledge to respond to the sexual health and wellbeing agenda**
- **The National Sexual Health Programme Co-ordinator should co-ordinate the development of a national sexual health training strategy to provide generic and specialist skills in sexual and reproductive health**
- **Each Lead Clinician should undertake an audit of the training needs of health care practitioners to facilitate the implementation of the tiered service approach within his/her Board area**
- **Each Local Sexual Health Co-ordinator should identify inter-agency sexual health training needs at all tiers and plans to address these should be identified in the inter-agency sexual health strategy**
- **NHS Boards should develop joint training for health and Local Authority personnel to develop core skills in communication, attitudes and relationships and which address the wider social and cultural determinants of sexual health**
- **NHS Education Scotland should work with:**
 - **professional bodies and professional networks to develop a competency-based framework to support the tiered service approach proposed by this strategy**
 - **the education sector and appropriate professional organisations to develop/enhance supporting training programmes at undergraduate and post qualification levels**

How can we tell if we have made a difference?

In developing this draft strategy, it is recognised that there is little or no evidence of effectiveness and appropriateness of interventions aimed at influencing the cultural and social determinants of sexual health, sexual health behaviours and sexual morbidity. However, lack of evidence does not equate

to ineffectiveness but rather indicates a need for further research.

The lessons from the Healthy Respect demonstration project should continue to inform policy and practice on what works in respect of sexual health services for young people.

The draft strategy recommends that (paras 5.3, 5.26):

- **The National Sexual Health Advisory Committee should develop a sexual health research programme for Scotland**
- **NHS Health Scotland should commission research and develop resources to support the ongoing implementation of the strategy**

Tracking the impact of this strategy on sexual health knowledge, attitudes and lifestyles as well as outcomes, will be essential. Consideration should be given to expanding existing surveys in order to provide information and feedback

particularly on those most at risk of poor sexual health outcomes. This will, of course, link with the work to be undertaken on developing a mass communications strategy (paras 3.15-3.19).

The draft strategy recommends that (paras 5.4, 5.5):

- **The National Sexual Health Advisory Committee, in conjunction with key stakeholders, should develop proposals to enhance existing lifestyle surveys to provide feedback on the target groups identified in this strategy**

How much will this strategy cost?

Staffing and other resource levels have not been set out in detail in this strategy. This is deliberate as it is for individual NHS Boards, in conjunction with their Community Planning partners, to review their existing services, take account of staffing reviews and develop incremental implementation plans in response to lifelong learning and service framework and targets specified in this strategy.

However, it is recognised that additional resources will be required to enhance the capacity of clinical services and laboratory services, for developing the managed sexual health networks, providing lifelong learning interventions, ensuring staff acquire appropriate skills to meet and respond to agreed standards and providing premises that are fit for purpose.

The draft strategy recommends that (paras 5.20, 5.21):

- **The Scottish Executive should provide resources to NHS Boards to “pump prime” the initial implementation stages of this strategy**
- **NHS Health Scotland, through the Sexual Health & Wellbeing Learning Network and in conjunction with other key stakeholders, should develop implementation guidance**

The Way Ahead

The draft strategy is an ambitious and wide ranging document. It sets out a long-term programme for achieving a sexually healthy Scotland. This should mean a more open, equal and respectful society that values sex and sexual health, in which people have the knowledge and skills to make informed and responsible decisions about sexual behaviour and have access to supportive and high quality sexual health services. Improving sexual health and changing behaviour is not something that can be brought about by the Scottish

Executive Health Department and NHS services by themselves: other Scottish Executive departments, Local Authorities, mass media, faith organisations and the voluntary sector all play a part. And even more importantly, individuals have a responsibility for managing their own sexual health and maximising their sexual wellbeing.

This strategy aims to support everyone to play their part in ensuring a sexually healthy Scotland.

We would welcome your comments as part of the consultation, which can be sent to
The Scottish Executive Health Department
Public Health Division
Branch 2
Sexual Health and Relationships draft Strategy
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St Andrew's House
Regent Road
Edinburgh EH1 3DG .

Alternatively you can e-mail us at: sexualhealthstrategy@scotland.gsi.gov.uk

This summary document is also available in a number of languages and in Braille, large print and audio tape from the Scottish Executive Health Department, at the above address.

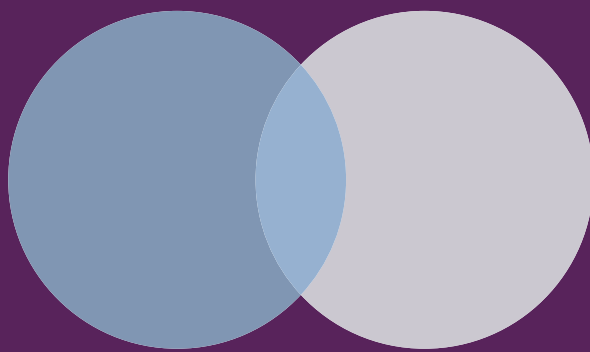
Full Strategy

The full strategy document is available from
The Stationery Office Bookshop
71 Lothian Road
Edinburgh EH3 9AZ

and the Scottish Executive Health Department, at the above address or at
www.scotland.gov.uk/sexualhealthstrategy/

Supporting Papers

A number of papers have been developed to give more detail on the evidence and the rationale behind the strategy's recommendations. These are available on
www.scotland.gov.uk/sexualhealthstrategy/



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